## TITLE I Part A TRANSFERABILITY

FINANCIAL STATUS REPORT (Claim Form)

LEA NAME				REPORTING PERIOD	
ADDRESS			FISCAL YEAR		
				BUDGET NUMBER	
	(A)	(B) PREVIOUSLY	(C) CURRENTLY	(D) TOTAL	(E)
	APPROVED	CLAIMED	CLAIMED	CLAIMED	BUDGET
	BUDGET	EXPENDITURES	EXPENDITURES	EXPENDITURES	BALANCE
			& OBLIGATIONS	& OBLIGATIONS	
[1] SALARIES					
EMPLOYEE					
[2] BENEFITS					
PURCHASED					
[3] SERVICES					
SUPPLIES &					
[4] MATERIALS					
[5] SUBTOTAL					
[5] BODIOIME					
[6] INDIRECT COSTS					
CAPITAL					
[7] ACQUISITIONS					
GRAND					
[8] TOTAL					
[9] INDIRECT COST RATE:(Enter restrictive rate approved by DECA)					
[10] FUNDS RECEIVED OR REQUES THIS REPORT (FROM LINE 1					
[11] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$					
[12] FUNDS REQUESTED THIS PER	TOD				
(LINE 11 MINUS LINE 10)					
Should equal column C, 1	ine 8 and total under lin \$				
[13] TOTAL FUNDS REQUESTED OR	RECEIVED THRU				
THIS REPORT PERIOD (LINE 10 PLUS LINE 12)					
[14] OBLIGATIONS PAID AFTER JUNE 30TH \$					
If using the Transferab equal line 12. Availab					
School districts are re					
redirected.					
[15] TRANSFERABILITY-SOURCE OF FUNDS		os	REVENUE CODE	BUDGETED AMOUNT	CURRENT CLAIMED AMOUNT
TITLE I Part A			4173		
TITLE II Part A			4159		
TITLE II Part D			4156		
TITLE IV Part A			4176		
TITLE V Part A			4157		
TOTAL (Needs to equal Lin	ne 12)				
I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS					
TRUE AND CORRECT.	51 OF MY KNOWLEDGE AND BELIE	F IS IN ALL THINGS			
SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE				PHONE NUMBER	DATE
				For Office Use Only: Payment entered:	Date